#### MS4 Annual Report Cover Page

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#### MS4 Annual Report Cover Page

MCC form for period ending March 9,

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#### MS4 Municipal Compliance Certification(MCC) Form

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#### MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Important Instructions - Please Read Contact information must be provided for *each* of the following positions as indicated below: 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J). 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form) 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c). 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 5. Report Preparer (Consultants may provide company name in the space provided). A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual. If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached. For each contact, select all that apply: O Principal Executive Officer/Chief Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name ΜI Last Name Title Address City State Zip eMail Phone County

Phone

# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Provide contact information for *all* of the following contacts: 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J). 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.). 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 4. Report Preparer (Consultants may provide company name in the space provided). Submit a separate sheet for each contact. For each contact, select all that apply: O Signatory Authority (choose one of the following) O Executive Officer or Ranking Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name MI Last Name Title Address City State Zip eMail

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# MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, SPDES ID Name of MS4 **Section 2 - Contact Information** Provide contact information for *all* of the following contacts: 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J). 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.). 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP). 4. Report Preparer (Consultants may provide company name in the space provided). Submit a separate sheet for each contact. For each contact, select all that apply: O Signatory Authority (choose one of the following) O Executive Officer or Ranking Elected Official O Duly Authorized Representative O Local Stormwater Public Contact O Stormwater Management Program (SWMP) Coordinator O Report Preparer First Name MI Last Name Title Address City State Zip

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#### MS4 Municipal Compliance Certification (MCC) Form

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Section 3 - Partner Information Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  \[ \text{Yes} \times 0 \] If Yes, complete information below. Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.  If No, proceed to Section 4 - Certification Statement.  Partner/CoalitionName  Partner/CoalitionName  City State Zip  Phone  (																				_			SP	DES	SID						
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#### MS4 Municipal Compliance Certification (MCC) Form

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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	
	SPDES ID
Name of MS4	
Section 4 - Certification Statement	
"I certify under penalty of law that this document and all attachments were direction or supervision in accordance with a system designed to assure the properly gathered and evaluated the information submitted. Based on my it persons who manage the system, or those persons directly responsible for a the information submitted is, the best of my knowledge and belief, true, accavance that there are significant penalties for submitting false information, fine and imprisonment for knowing violations."	at qualified personnel nquiry of the person or gathering the information, ecurate, and complete. I am including the possibility of
This form must be signed by either a principal executive officer or ranking authorized representative of that person as described in GP-0-08-002 Part	•
First Name MI Last Name	
Title (Clearly print title of individual signing report)	
Signature Dar	te / / /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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This report is being submitted for the reporting period ending	g March 9,
If submitting this form as part of a joint report on behalf of a coalition	n leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
Minimum Control Measure 1. Public Education	and Outreach
The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Management Prac	tices
Check all topics that were included in Education and Outreach during this	s reporting period:
○ Construction Sites ○ Pestion	cide and Fertilizer Application
○ General Stormwater Management Information ○ Pet V	Vaste Management
○ Household Hazardous Waste Disposal ○ Recy	cling
○ Illicit Discharge Detection and Elimination ○ Ripar	rian Corridor Protection/Restoration
○ Infrastructure Maintenance ○ Trash	n Management
○ Smart Growth ○ Vehic	ele Washing
○ Storm Drain Marking ○ Wate	r Conservation
○ Green Infrastructure/Better Site Design/Low Impact Development ○ Wetla	and Protection
Other: O None	;
Othou	
<ul><li>Other</li><li>2. Specific audiences targeted during this reporting period:</li></ul>	
2. Specific addictices differed during and reporting period.	
○ Public Employees ○ Contractors	
○ Residential ○ Developers	
○ Businesses ○ General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
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This report is being submitted for the reporting period ending March 9,

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This report is being submitted for the reporting period ending Marc	CH 9,		
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Name of MS4/Coalition			
. Evaluating Progress Toward Measurable Goals MCM 1			
Use this page to report on your progress and project plans toward achieving mea dentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.		_	Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this	s repo	rting per	riod.
B. Briefly summarize the observations that indicated the overall effectivene Goal.	ess of	this Mea	surable
Goal.			
Goal.	orting	g period?	
Goal.  C. How many times was this observation measured or evaluated in this rep	orting	g period?	rticipants
Goal.  C. How many times was this observation measured or evaluated in this rep	orting	g period?	rticipants
B. Briefly summarize the observations that indicated the overall effectivened Goal.  C. How many times was this observation measured or evaluated in this rep  D. Has your MS4 made progress toward this Measurable Goal during this  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	orting	s period?	rticipants

This report is being submitted for the reporting period ending Mar	ch 9,				
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Name of MS4/Coalition SPDE	S ID			$\top$	
	4				
Minimum Control Measure 2. Public Involvement/Pa	<u>rticipa</u>	<u>ttio</u>	<u>n</u>		
The information in this section is being reported (check one):					
<ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>					
1. What opportunities were provided for public participation in implement development, evaluation and improvement of the Stormwater Manager (SWMP) Plan during this reporting period? Check all that apply:			ram	l	
○ Cleanup Events Bulky waste, Household Hazardous waste, E-waste #	Events				
○ Comments on SWMP Received #Com	nments				
○ Community Hotlines Phone # ( )		_			
Phone # ( Phone # ( )		_			
Phone # ( ) Phone # ( )		_			
Phone # ( Phone # ( )		_			
Phone # ( ) Phone # ( )		_			
Phone # ( ) Phone # ( )		_			
O Community Meetings 604b Grant meetings, Village Board mtgs w/MS4 #Att	tendees				
O Plantings DCSWCD seedling sale	Sq. Ft.			=	
O Storm Drain Markings #	Drains				
O Stakeholder Meetings # Att	tendees				
O Volunteer Monitoring Frogs is performing Biodiversity Monitoring #	Events			$\overline{}$	
Other:					
2. Was public notice of availability of this annual report and Stormwater Program (SWMP) Plan provided?	Manag	•	ent Yes		○ No
○ List-Serve #	In List				
O Newspaper Advertising # Da	ıys Run				
○ TV/Radio Notices # Da	ıys Run				
Other:					

O Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

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Name of MS4/Coalition																					
3. Where can the publ Program SWMP) P			-						_					Ma	ana	age	me	nt			
Enter address/contac whether comments n																				d	
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This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank	k.
Name of MS4/Coalition SPDES ID	
4.a. If this report was made available on the internet, what date was it posted?  Leave blank if this report was not posted on the internet.	
4.b. For how many days was/will this report be posted?	
If submitting a report for single MS4, answer 5.a If submitting a joint report, answer 5.b	
<b>5.a. Was an Annual Report public meeting held in this reporting period?</b> O Yes  If Yes, what was the date of the meeting?  / / / / / / / / / / / / / / / / / / /	O No
If No, is one planned? O Yes	○ No
5.b. Was an Annual Report public meeting held for all MS4s contributing to this report d	uring
this reporting period?	○ No
If No, is one planned for each?	○ No
<b>6. Were comments received during this reporting period?</b> If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.	○ No

This report is being submitted for the reporting period ending March 9,				
If submitting this form as part of a joint report on behalf of a coalition leave SPD	ES ID	blank	ζ.	
SPDES ID				
Jame of MS4/Coalition				
7. Evaluating Progress Toward Measurable Goals MCM 2				
Use this page to report on your progress and project plans toward achieving measural dentified in your Stormwater Management Program Plan (SWMPP), including require II.C.1. Submit additional pages as needed.	_		ı Par	t
A. Briefly summarize the Measurable Goal identified in the SWMPP in this rep	ortin	ıg pe	riod	•
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3. Briefly summarize the observations that indicated the overall effectiveness of	f this	Mea	sura	ble
Goal.				
C. How many times was this observation measured or evaluated in this reporting	ıg pe	riod?		
The varied type of measures for participation don't allow use of a single numbe	r.			
				pants/e
D. Has your MS4 made progress toward this measurable goal during this repor	· ·	-		N a
	C	Yes		No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	C	Yes	$\cap$	No
F. Briefly summarize the stormwater activities planned to meet the goals of this				
the next reporting cycle (including an implementation schedule).				

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measure 3. Illicit Discharge Detection and Elimination The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1. Enter the number and approx. percent of outfalls mapped: % 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period? O Auto Recyclers ○ Landscaping (Irrigation) O Building Maintenance ○ Marinas O Churches O Metal Plateing Operations O Commercial Carwashes Outdoor Fluid Storage O Commercial Laundry/Dry Cleaners O Parking Lot Maintenance O Construction Vehicle Washouts Printing O Cross-Connections O Residential Carwashing O Distribution Centers Restaurants O Schools and Universities O Food Processing Facilities O Garbage Truck Washouts O Septic Maintenance Hospitals ○ Swimming Pools O Improper RV Waste Disposal O Vehicle Fueling O Industrial Process Water O Vehicle Maint./Repair Shops Other: ○ None O Sewersheds:

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 3.b. What types of illicit discharges have been found during this reporting period? O Broken Lines From Sanitary Sewer O Industrial Connections ○ Inflow/Infiltration O Cross Connections O Failing Septic Systems O Pump Station Failure O Floor Drains Connected To Storm Sewers O Sanitary Sewer Overflows O Illegal Dumping O Straight Pipe Sewer Discharges Other: ○ None 4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 5. How many illicit discharges have been confirmed during this reporting period? 6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7. Has the storm sewershed mapping been completed in this reporting period? O Yes  $\bigcirc$  No If No, approximately what percent was completed in this reporting period? % Mapping was converted to GIS by DCSWCD. Work still remains on getting the data base functional. 8. Is the above information available in GIS? O Yes  $\bigcirc$  No Is this information available on the web? ○ Yes ○ No If Yes, provide URL(s): Please provide specific address of page where map(s) can be accessed - not home page. URL URL

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Evaluating Progress Toward Measurable Goals MCM 3 see this page to report on your progress and project plans toward achieving measurable sentified in your Stormwater Management Program Plan (SWMPP), including requirem C.1. Submit additional pages as needed.	goals nents in	ı Part
2. Evaluating Progress Toward Measurable Goals MCM 3  se this page to report on your progress and project plans toward achieving measurable entified in your Stormwater Management Program Plan (SWMPP), including requirem I.C.1. Submit additional pages as needed.	nents in	
se this page to report on your progress and project plans toward achieving measurable gentified in your Stormwater Management Program Plan (SWMPP), including requirem I.C.1. Submit additional pages as needed.	nents in	
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Use this page to report on your progress and project plans toward achieving measurable gentified in your Stormwater Management Program Plan (SWMPP), including requirem II.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this report	nents in	
a. Briefly summarize the Measurable Goal identified in the SWMPP in this report	ting per	riod.
3. Briefly summarize the observations that indicated the overall effectiveness of the Goal.	is Meas	surab
2. How many times was this observation measured or evaluated in this reporting n	period?	,
C. How many times was this observation measured or evaluated in this reporting p The type of varied activities here do not allow reporting in a single number.	period?	
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The type of varied activities here do not allow reporting in a single number.	amples/pa	articipa
The type of varied activities here do not allow reporting in a single number.  O. Has your MS4 made progress toward this measurable goal during this reporting.  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	amples/pa: g period  Yes	articipa od? O N
The type of varied activities here do not allow reporting in a single number.  (ex.: see  L. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	g period  Yes  Yes	articipa  od?  O N
The type of varied activities here do not allow reporting in a single number.  O. Has your MS4 made progress toward this measurable goal during this reporting.  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	g period  Yes  Yes	articipa  od?  O N

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blar	ık.
Name of MS4/Coalition SPDES ID	
Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control	
The information in this section is being reported (check one):	
<ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition         How many MS4s contributed to this report?</li> </ul>	
1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulato mechanism that provides equivalent protection to the NYS SPDES General Permit for the NYS SPDES General Permit	or
<b>Stormwater Discharges from Construction Activities? O Yee</b>	s O No
1b. Has each Town, City and/or Village contributing to this report documented that the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosi Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?  O Yes O No	on and p
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.   09/2004 03/2006	6 ONT
2. Does your MS4/Coalition have a SWPPP review procedure in place? O Ye	s O No
3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have bee reviewed in this reporting period?	en
4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No.	o ONT
If Yes, how many public comments were received during this reporting period?	
5. Does your MS4/Coalition provide education and training for contractors about the lo SWPPP process?	ocal s O No

6.	Identify which of the following types of enforcement actions you used during the reporting
	period for construction activities, indicate the number of actions, or note those for which you
	do not have authority:

O Notices of Violation	#	○ No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	○ No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	○ No Authority
O Enforcement Actions or Sanctions	#	
Other	#	○ No Authority

	his report is being submitted for the reporting period ending March 9,		
]	If submitting this form as part of a joint report on behalf of a coalition leave SPDES I	D blank.	
Name of MS	SPDES ID  S4/Coalition		
Min	imum Control Measure 4. Construction Site Stormwater Runo	ff Con	<u>trol</u>
The inform	nation in this section is being reported (check one):		
	If of an individual MS4 If of a coalition How many MS4s contributed to this report?		
	many construction projects have been authorized for disturbances of one a g this reporting period? The Village law regulates 1/2 Ac and larger.	icre or i	more
	many construction projects disturbing at least one acre were active in you g this reporting period?	r jurisd	iction
3. What	percent of active construction sites were inspected during this reporting p	period?	O NT
4. What	percent of active construction sites were inspected more than once?		% O NT
	l inspectors working on behalf of the MS4s contributing to this report use		
	truction Stormwater Inspection Manual? $_{ m Yes}$	○ No ition Pla	○ NT ans
·	PPPs) of construction projects that are subject to MS4 review and approva ○ Yes	$\bigcirc$ No	O NT
•	r MS4 is Non-Traditional, are SWPPPs of construction projects made avac c review?	ailable f ○ Yes	for O No
If Ves	suse the following page to identify location(s) where SWPPPs can be accessed	1	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone ○ Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period endin	ng March 9,
If submitting this form as part of a joint report on behalf of a coalition	on leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition	
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward achieval identified in your Stormwater Management Program Plan (SWMPP), inc III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPl	P in this reporting period.
B. Briefly summarize the observations that indicated the overall effection.	ectiveness of this Measurable
C. How many times was this observation measured or evaluated in t	this vanauting naviad?
C. How many times was this observation measured or evaluated in t	inis reporting period:
	(ex.: samples/participants
D. Has your MS4 made progress toward this measurable goal durin	g this reporting period?
,	○ Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	
	$\bigcirc$ Yes $\bigcirc$ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during

<b>This repor</b> If submitting	_			_	_	_			_				 blank		
		•	v	•					SP	DES	ID				
Name of MS4/Coalition	1														
Minimum	<u>Control</u>	Measu	re 5. P	ost-C	<u>Constr</u>	<u>cucti</u>	on S	<u>Stor</u>	mw	ate	r Ma	anaş	gem	<u>ent</u>	
The information in the	nis section	is being r	eported (	check	one):										
<ul><li>○ On behalf of an inc</li><li>○ On behalf of a coa</li><li>How m</li></ul>			uted to tl	nis rep	oort?										
1. How many and MS4/Coalition i	• •	-					_	,	-		ces ha	as yo	ur		
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O Alternative Practic	ees									Dry	well	s on	Fairy	vay ar	nd Circle D
○ Filter Systems															
○ Infiltration Basins				j											
Open Channels							Ī								
○ Ponds							Ī								
○ Wetlands															
Other															
2. Do you use an BMPs, inspecti			,	databa	ase, sp	reads	sheet	t) to	trac	k po	st-co		ruction Yes	on O N	O
3. What types of Development/E		_					-	•		Low	Imp	act			
O Building Codes	O Munic	ipal Com	prehensiv	e Plar	15									5/2012	)
Overlay Districts	Open	Space Pre	eservation	Progr	and am	d is ex	kpec	ted t	o inc	elude	mor	e on	this	issue.	
○ Zoning	O Local	Law or O	rdinance	Storm	ıwater	Law	refei	rs to	State	e De	sign	Man	ual		
○ None		Use Regu									Ü				
O Watershed Plans	Other	Compreh	ensive Pl	an											
Other:														٦	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? The Village joined the East of Hudson Watershed Corporation and East of Hudson Stormwater Coalition. • Yes 4b. Does the MS4 have a banking and credit system for stormwater management practices?  $\bigcirc$  Yes  $\bigcirc$  No 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice? ○ Yes  $\bigcirc$  No 4d. How many stormwater management practices have been implemented as part of this system in this reporting period? Oakshadow Retrofit 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? %

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If submitting this form as part of a joint report on behalf of a	a coalition	leave S	SPD	ES II	) bla	nk.	
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5. Evaluating Progress Toward Measurable Goals MCM 5							
Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWM II.C.1. Submit additional pages as needed.		_		_			ırt
A. Briefly summarize the Measurable Goal identified in the S	SWMPP i	in this	rep	orti	ng p	erio	ı.
B. Briefly summarize the observations that indicated the ove Goal.	erall effec	tivene	SS O	f thi	s Me	easur	able
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C. How many times was this observation measured or evalua	ated in thi	is repo	rtii	ng po	eriod	1?	
					7	(	
					nples/	partic	
N. H MC4 do 4 4 44	.1 .1	41. •					cipant
D. Has your MS4 made progress toward this measurable goa	al during	this re		ting	per	iod?	
D. Has your MS4 made progress toward this measurable goa	al during	this re		ting		iod?	cipant O <b>No</b>
	C			ting	per	iod?	
	C			ting	per	iod? es (	
D. Has your MS4 made progress toward this measurable goan.  E. Is your MS4 on schedule to meet the deadline set forth in the start of the stormwater activities planned to meet the next reporting cycle (including an implementation sch	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No
E. Is your MS4 on schedule to meet the deadline set forth in a	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No
E. Is your MS4 on schedule to meet the deadline set forth in a	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No
E. Is your MS4 on schedule to meet the deadline set forth in a	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No
E. Is your MS4 on schedule to meet the deadline set forth in a	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No
E. Is your MS4 on schedule to meet the deadline set forth in a	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No
. Is your MS4 on schedule to meet the deadline set forth in a	the SWM	PP?	epor	ting	per OYe	iod? es (	⊃ No ⊃ No

MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
Name of MS4/Coalition SPDES ID
Minimum Control Measure 6. Stormwater Management for Municipal Operations
The information in this section is being reported (check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>
1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management

Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

> **Self-Assessment Operation/Activity/Facility** performed within the past 3

performed within the past				i tiie past 3
<b>Operation/Activity/Facility</b>	Addressed in	n SWMP?	<u>years?</u>	) <u>-</u>
Street Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Bridge Maintenance	O Yes	○ No	○ Yes	$\bigcirc$ No
Winter Road Maintenance	○ Yes	○ No	○ Yes	$\bigcirc$ No
Salt Storage	O Yes	○ No	○ Yes	$\bigcirc$ No
Solid Waste Management	○ Yes	○ No	○ Yes	$\bigcirc$ No
New Municipal Construction and Land Disturba	nce O Yes	○ No	∴ ○ Yes	$\bigcirc$ No
Right of Way Maintenance	○ Yes	○ No	○ Yes	$\bigcirc$ No
Marine Operations	○ Yes	○ No	○ Yes	$\bigcirc$ No
Hydrologic Habitat Modification		○ No	∴ ○ Yes	$\bigcirc$ No
Parks and Open Space	○ Yes	○ No	○ Yes	$\bigcirc$ No
Municipal Building	_	○ No	○ Yes	$\bigcirc$ No
Stormwater System Maintenance		○ No	∴ ○ Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance	O Yes	○ No	···· O Yes	$\bigcirc$ No
Other	○ Yes	○ No	○ Yes	$\bigcirc$ No

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. Provide the following information about municipal operations good housekeeping programs: # Acres O Parking Lots Swept (Number of acres X Number of times swept) # Miles (Number of miles X Number of times swept) O Streets Swept # O Catch Basins Inspected and Cleaned Where Necessary O Post Construction Control Stormwater Management Practices # Inspected and Cleaned Where Necessary # Lbs. O Phosphorus Applied In Chemical Fertilizer # Lbs. O Nitrogen Applied In Chemical Fertilizer O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4. What was the date of the last training? 5. How many municipal employees have been trained in this reporting period? 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? % Highway School (Street Foreman) 2012 Beacon Stormwater Conference (Street Foreman)

IDDE by Excal Visual (Street Foreman and Village Street Crew)

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blan	ık.
SPDES ID	
Jame of MS4/Coalition	
. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements i II.C.1. Submit additional pages as needed.	n Part
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting po	eriod.
3. Briefly summarize the observations that indicated the overall effectiveness of this Mea Goal.	asurable
C. How many times was this observation measured or evaluated in this reporting period	?
The Variety of goals does not allow reduction of the activities into a single number.	 participants/e
). Has your MS4 made progress toward this measurable goal during this reporting peri	od?
○ Yes	s O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	
O Yes	s O No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM d the next reporting cycle (including an implementation schedule).	
,	

-		eporting period ending ort on behalf of a coalition	
	, , ,		
			SPDES ID
f MS4/Coalition			
<b>Additional Wate</b>	ershed Improvemer	it Strategy Best Mai	nagement Practices
formation in this section	on is being reported (check	k one):	
pehalf of an individual	MS4		
ehalf of a coalition	14 41 41 14 41 1	40	
How many MS	S4s contributed to this re	eport?	
must answer the qu	estions or check NA a	s indicated in the table	e below.
MC4 December 4	A	Check NA	(POC)
MS4 Description NYC EOH Watershed	Answer -	- CHECK IVA	(POC) -
ional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
ional Non-Land Use raditional	1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus Phosphorus
nondaga Lake Watershed	1,2,77a-u,8a,80,9	-	- I nosphorus
ional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
ional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
raditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
eenwood Lake Watershed	- 1467 10 0		
ional Land Use ional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
Oyster Bay	1,4,0,7a-u,8a,9	2,3,3,80,10,11,12	- Hospitorus
ional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
ional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary		-	-
ional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
ional Non-Land Use Traditional	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12	Pathogens and Nitrogen Pathogens and Nitrogen
scawana Lake Watershed	1,4,/a-u,oa,9	2,3,4,3,80,10,11,12	- ramogens and Nitrogen
	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
ional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
	1,4,6,7a-d,8a,9		
ional Non-Land Use	1,4,0,7a-u,0a,9	2,3,5,8b,10,11,12	Phosphorus
ional Non-Land Use raditional LI 27 Embayments	-	-	-
ional Non-Land Use Traditional LI 27 Embayments ional Land Use	- 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	- Pathogens
ional Land Use ional Non-Land Use Traditional  LI 27 Embayments ional Land Use ional Non-Land Use Traditional	-	-	-

	This report is being submitted for the reporting period ending N	Iarch 9,		
	If submitting this form as part of a joint report on behalf of a coalition le	eave SPDES	ID blan	k.
		DDEC ID		
		PDES ID		
Na	ame of MS4/Coalition			
3.	. Does your MS4/Coalition have a Stormwater Conveyance System (in		•	
	and Maintenance Plan Program?	○ Yes	○ No	○ N/A
4.	. Estimate the percentage of on-site wastewater treatment systems that	t have bee	n inspec	cted
	and maintained or rehabilitated as necessary in this reporting period	!?		%
5.	. Has your MS4/Coalition developed a program that provides protecti NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from constr	Construction act	on Activ ivities tl	rities hat
	disturb five thousand square feet or more?	○ Yes	○ No	○ N/A
	Permit for Stormwater Discharges from Construction Activities (GP the New York State Stormwater Design Manual Enhanced Phosphor Standards?		•	ing ○ N/A
7a	a. Does your MS4/Coalition have a retrofitting program to reduce erosi	ion or		
	phosphorus/nitrogen/pathogen loading?	○ Yes	○ No	O N/A
	b. How many projects have been sited in this reporting period? Letrofits are being done through East of Hudson Watershed Corp. There are			
pro 7c. Th	rojects planned in the Village of Pawling according to the EOHWC Annual c. What percent of the projects included in 7b have been completed in the Village completed a retrofit on Oakshadow Dr and submitted Information	2012 Rep this report on concern	ort. ing peri	iod?
	Removals to EOHWC.			%
7d	d. What percent of projects planned in previous years have been compl	eted?		%
Th	his information is provided in the EOHWC 1/2013 yr 4 Retrofit Planning F			
		○ No	Projects	Planned
8a	a.Has your MS4/Coalition developed and implemented a turf managen	ient pract	ices and	l
	procedures policy that addresses proper fertilizer application on mu			
	lands?	○ Yes	○ No	○ N/A
8b	b.Has your MS4/Coalition developed and implemented a turf managen	nent pract	ices and	l
	procedures policy that addresses proper disposal of grass clippings a	_		
	municipally owned lands?	○ Yes	○ No	O N/A

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 11. Does your MS4/Coalition have a pet waste bag program?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A 12. Does your MS4/Coalition have a program to manage goose  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A populations?